

RE: CALVIN CAMPS, PRO. SE. MQ1920
S.C.I. CHESTER
500 EAST 4th STREET
CHESTER PA 19013

FILED

AUGUST 7, 2018

AUG 10 2018

KATE BARKMAN, Clerk
By _____ Dep. Clerk

RE: REQUEST TO FILED MEDICAL
DOCUMENTS UNDER CLAIMS IN
THE FOLLOWING CASES:
CALVIN V. NUTTER, et.al.
14-1498
CALVIN CAMPS V. DOCTOR PAUL
NOEL, et.al.
18-2911



Dear Clerk of Court,

I am sending this letter as to the two filed Civil
COMPLAINTS, Under Calvin Camps V. Michael Nutter, et.al. 14-1498
Calvin Camps V. Doctor Paul Noel, et.al. 18-2911.

I would like to request that the 24 Documents are filed on
t
That those said Documents are filed under both said legal matters
Of record were I am the Plaintiff on both cases.

A copy of said Documents have been served on Counsel of record
For the City of Philadelphia by FIRST CLASS MAIL from S.C.I.
CHESTER by the Plaintiff, Calvin Camps under the Prison Mail
Rule by giving them to the Prison Officials here at Chester,
On the date of August 7, 2018.

If there is any kind of Problems with my request Please feel
And write me back here at this said Address.

As always I would like to thank the Clerk's office for its
Time on those said legal matters.


YOURS TRULY

SERVED: CLERK OF COURT
UNITED STATES DISTRICT COURTHOUSE
PHILADELPHIA PA 19102-9865


CALVIN CAMPS, PROSE. MQ1920

Released-I, NJ
Fax:

September 19, 2017

Page 2
Internal Other **CALVIN CAMPS**Male DOB:08/12/1955 Booking #:967458 SBI:000143537B
Ins: NJDOCIC (NJDOCIP)

Impression: 1. Chronic hepatitis C genotype 1b. Patient undergoing hepatitis A and B immunizations. Plan. Patient candidate for HCV treatment. Consider administrative approval. Consider telemedicine evaluation to discuss treatment and to answer any questions. Patient candidate for Harvoni one tab daily x 12 weeks. Consider cbc, cmp every 4 weeks x 3 and check TSH at 12 weeks. Once done with treatment, will need follow up HCV viral load 12 weeks after treatment complete to look for sustained virologic response. Please call for any questions.

SULFA (Critical)

Vital Signs

Ht: 63 in. inches

Body Mass Index in-lb

Height (in): 63

Peak Flow**Orders to be Processed and/or Transcribed**Electronically Signed by Syed Husain, MD on 12/13/2015 at 1:33 PM

12/15/2015 - Append: Consultation Report for HCV
Provider: Jeffrey Pomerantz, MD
Location of Care: UMDNJ Regional Office

flagged to icn to place on tx list; surg pending

Electronically Signed by Jeffrey Pomerantz, MD on 12/15/2015 at 12:57 PM

12/13/2015 - Internal Other: Sick Call Triage
Provider: Connie Purcell, RN
Location of Care: Southern State Correctional Facility-Phase 1

Sick Call Triage



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Internal Other



CALVIN CAMPS

Male DOB:08/12/1955 Booking # 967458 SBI:000143537B
Ins: NJDOCIC (NJDOCIP)

Sick Call Triage

Inmate/Patient Complaint MR-007 slip submitted c/o poss injection reaction

Type of Sick Call: Clinical

Urgency: Routine

Plan: Schedule for Nurse S/C

Comments: Patient scheduled for nurse call on 12/14/2015

Electronically Signed by Connie Purcell, RN on 12/13/2015 at 11:52 AM

12/11/2015 - Internal Other: Chart Note for cholecystectomy

Provider: Samantha S. Pezzella,CC

Location of Care: St Francis Medical Center

Chart Note

Narrative: Cholecystectomy has been scheduled for 1/21/16 at 11 45am with Dr Shah. He will be admit to SFMC 1/20/16

Preops/preps: No asa, nsoids or blood thinners 10 days prior, CBC, CMP, PT/PTT, INR, CXR, EKG

Problems/Allergies/Observation Changes

Orders to be Processed and/or Transcribed

Electronically Signed by Samantha S. Pezzella,CC on 12/11/2015 at 10:17 AM

12/30/2015 - Append: Chart Note for cholecystectomy

Provider: Jeffrey Pomerantz, MD

Location of Care: Bayside State Prison-Medium



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Internal Other



CALVIN CAMPS

Male DOB:08/12/1955 Booking #:967458 SBI.000143537B
Ins: NJDOCIC (NJDOCIP)

Hepatitis B Series, #1

Date Given: 1ml (11/03/2015 10:19:27 AM)

Hepatitis B Series, #2

Dose: 1ml Manufacturer: GSK Lot #: 4T4GJ Expiration Date: 11/04/2017 Site/Route: R delt / IM Given
by: Peter Permito RN

Given by: Peter Permito RN

Varicella Series, #1

Date Last Given: Yes (07/24/2015 7:50:45 PM)

Plan

Problem/Diagnosis List

HEPATITIS C, CHRONIC (ICD-070 54)



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Internal Other



CALVIN CAMPS

Male DOB:08/12/1955 Booking #967458 SBI:000143537B
Ins: NJDOCIC (NJDOCIP)

Electronically Signed by Jeffrey Pomerantz, MD on 11/10/2015 at 7:19 AM

11/10/2015 - Append: ULTRASOUND

Provider: Jeffrey Pomerantz, MD

Location of Care: Southern State Correctional Facility-Phase 1

see orders - consult flagged to id

Electronically Signed by Jeffrey Pomerantz, MD on 11/10/2015 at 7:20 AM

11/05/2015 - Internal Other: Transfer to Facility

Provider: Karen Lilly, CC

Location of Care: Southern State Correctional Facility

Transfer Out

I/M Transferring to: SWSP 11/09/2015

Narrative Comments: U/S GB/LIVER

Current Problems:

HEPATITIS C, CHRONIC (ICD-070 54)

PPD SKIN TEST POSITIVE (ICD-795.51)

DERMATOMYCOSIS (ICD-111 9)

? of LIPOMA (ICD-214 9)

ASTHMA, INTERMITTENT, MILD (ICD-493 90)

HYPERTENSION, BENIGN ESSENTIAL (ICD-401 1)

DIABETES MELLITUS, TYPE II, CONTROLLED (ICD-250.00)

OPIOID DEPENDENCE, IN REMISSION, IN CONTROLLED ENVIRONMENT (DS4-304.00)

COCAINE ABUSE, IN REMISSION, IN CONTROLLED ENVIRONMENT (DS4-305.60)

Current Medications:

NAPROSYN 500 MG TABS (NAPROXEN) One tab po BID PRN discomfort X 180 days Take after meal

ZYRTEC ALLERGY 10 MG TABS (CETIRIZINE HCL) One tab po daily X 180 days

METFORMIN HCL ER 500 MG XR24H-TAB (METFORMIN HCL) 1 po bid x 1 yr start 10/26/15

LISINOPRIL 20 MG TABS (LISINOPRIL) 1 po daily x 1 yr start 10/26/15

ASPIRIN EC LO-DOSE 81 MG TBEC (ASPIRIN) 1 po daily x 1 yr start upon arrival

PROAIR HFA 108 (90 BASE) MCG/ACT AERS (ALBUTEROL SULFATE) 2 puffs qid prn asthma x 1 yr start 10/26/15

PNEUMOVAX 23 25 MCG/0 5ML INJ (PNEUMOCOCCAL VAC POLYVALENT) give im x 1 start 10/26/15

CLOTRIMAZOLE 1 % EXT CREA (CLOTRIMAZOLE) Apply as directed twice daily for 3 mo start 10/26/15 - to be issued from stock



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, NJ
Fax:

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Internal Other



CALVIN CAMPS

Male DOB:08/12/1955 Booking #:967458 SBI:000143537B
Ins: NJDOCIC (NJDOCIP)

Problems/Allergies/Observation Changes

Orders to be Processed and/or Transcribed

Electronically Signed by Sandra F Wilson, HST II on 11/12/2015 at 7:03 AM

11/09/2015 - Diagnostic Report Other: ULTRASOUND

Provider: Jeffrey Pomerantz, MD

Location of Care: NJ Department of Corrections

ULTRASOUND

ORDERING PROVIDER: JEFFREY POMERANTZ

ABDOMINAL ULTRASOUND STUDY of the RIGHT UPPER QUADRANT

CLINICAL INDICATIONS:

Abnormal laboratory values

TECHNIQUE:

Real-time imaging of the right upper quadrant of the abdomen was performed.

FINDINGS:

The liver is normal in size measuring 15 cm in length. It is heterogeneous in echotexture. No mass is seen.

There is no evidence of ascites.

The gallbladder is normal in configuration and contains a 2 cm stone.

The common duct is not dilated measuring 0.4 cm.

IMPRESSION:

1. Heterogeneous normal-sized liver. No mass is seen.

2. 2 cm gallstone.

3. No evidence of biliary ductal dilatation or ascites.

Electronically Signed By ARLEEN GOLDBACHER, M.D.

399649/676806053/KM

DT: 11/09/2015 22:09

DD: 11/09/2015 19:02

(SIGNED BY RADIOLOGIST): ARLEEN GOLDBACHER

DATE OF SERVICE: 11/09/2015

NAME: CALVIN CAMPS

DOB: 08/12/1955

SBI#: 000143537B

Provider: MOBILEX

Code: 767C5



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Internal Other



CALVIN CAMPS

Male DOB:08/12/1955 Booking #967458 SBI.000143537B
Ins: NJDOCIC (NJDOCIP)

From Doctor Visit

Dr Visit Chief Complaint: Consult HCV Chart review

Reason for Visit: Follow-Up

Mental Health High-Risk Inquiry Incident:

High Risk Comments: Chart reviewed patient not seen or examined History of chronic hepatitis C. 11/10/15 ultrasound of liver showed heterogenous normal sized liver 11/05/15 hepatitis C genotype 1b 10/28/15 ANA (-), TSH 1.460 uIU/mL, hepatitis B surface antibody non reactive 10/09/15 hepatitis C viral load 2758230 IU/mL, plt 145k, calculated APRI score 1.86, AST/ALT 108/94, serum AFP 32.9 ng/mL 07/27/15 HIV (-), HCV antibody (+), hepatitis A IgM (-), hepatitis B core IgM (-), hepatitis B surface antigen (-).

Impression: 1. Chronic hepatitis C genotype 1b. Patient undergoing hepatitis A and B immunizations.
Plan: Patient candidate for HCV treatment. Consider administrative approval. Reconsult for advice with above

SULFA (Critical)

Vital Signs

Ht: 63 in. inches

Body Mass Index in-lb

Height (in): 63

Peak Flow

Orders to be Processed and/or Transcribed

Electronically Signed by Syed Husain, MD on 11/18/2015 at 9:16 PM

11/09/2015 - Internal Other: Ultra sound -DONE- SWSP 11/09

Provider: Sandra F Wilson, HST II

Location of Care: South Woods State Prison

Chart Note

Narrative:



SICK CALL REQUEST

Check one: _____ Dental X Medical _____ Mental HealthName: Calvin Camps (Print Name) Inmate I.D. Number 483950

Social Security No. _____

Housing Unit: B-2-1 cell #9

Medical Problem (be specific): HEPATITIS C I am requesting medical treatment since it was ordered last year while in N.J.C. New Jersey, my problem is still going on where I am being subjected to failure to provide care to this serious medical need.

Inmate's Signature Calvin Camps Date: 5-26-16 Time: 9:05

FOR MEDICAL UNIT USE ONLY

Disposition: _____

M. Gaye, RN

Provider's Signature: _____ Date: 5/27/16 Time: 2430

86-146

D-203

Progress Notes

PID: 483950 **Intake:** 1609110

Facility Code: CFCF **Housing Area:** ,B2POD1,9,3

Patient: CAMPS, CALVIN

Provider: Corrections Provider

DOB: 08/12/1955 **Age:** 60 Y **Sex:** Male

Date: 06/23/2016

Phone:

Address: 1318 AUBURN ST., PHILADELPHIA, PA-19132

Subjective:

- Initial CC. Diabetes Mellitus Clinic. Chronic Care Clinic Periodic Exam

HPI:

Diabetes Mellitus Clinic:

Diabetes Mellitus Clinic Subjective

Type 1 *No*

Type 2 *Yes*

On *Oral Agents*

Ideal body weight ...

Height ... 66

Drug allergy ... *bactrim*

Complications ... *none*

Physical activity (Number of times per week) *0 ...*

Diet adherence? *Yes*

Medication adherence? *Yes*

Tobacco use? *No*

History of hypertension, dyslipidemia or a family history of CAD? *Yes*

Does the patient have a CVD risk score greater than or equal to 10%? *Yes*

ACE inhibitor (or Angiotensin II receptor blocker) use, unless contraindicated? *Yes*

Statin use, if indicated? *No*

Chronic Care Clinic Period Exam:

Chronic Care

Chronic Care *COPD, HCV/Liver Dx, ...*

History of COPD

History of Hepatitis C. Adament to be treated during incarceration.

ROS:

Diabetes Mellitus:

- Patient denies
- Patient complaining of

Medical History:

- Diabetes- Metformin 500mg BID
- HTN- Lsinopril 20mg Daily, Asprin EC 81mg daily Multivitamin
- COPD- Albuterol neb tx
- Chronic Back Pain

Surgical History:

Hospitalization/Major Diagnostic Procedure:

Family History:

Social History:

Diet Orders:

Diet Orders

Diet Type 1 *High Calorie/ High Protein HS Snack*

Comments for Diet 1 *health shakes tid*

Start Date for Diet 1 *06/23/2016*

End Date for Diet 1 *06/22/2017*

Discontinue Diet 1 *No*

Medications:

- None

Allergies:

Objective:

Vitals: Time: 1150, HR 75, RR 16, BP 130/80, Ht 66, Wt 126, BMI 20.33.

Past Orders:

*Hemoglobin A1C 0102-4 LAV-EDTA (Order Date - 06/03/2016) (Collection Date - 06/03/2016)

Hemoglobin A1C (GlycoHgb) 6.0 <5.7 - % H

Notes: Lab order created by CRE (oral agents)

Examination:

Diabetes Mellitus Clinic Objective and Assessment:

- GENERAL APPEARANCE: in no acute distress, well developed, slim person.
- HEAD: normocephalic, atraumatic.
- EYES: pupils equal, round, reactive to light and accommodation.
- HEART: no murmurs, regular rate and rhythm, S1, S2 normal.
- LUNGS: clear to auscultation bilaterally.
- EXTREMITIES: no clubbing, cyanosis, or edema.
- FOOT EXAM:
Date 06/23/2016
Sensory testing performed Yes
Results of sensory testing Intact
- HgbA1C Control
What is patient's control level for HgbA1C? *Good control (HgbA1C less than 7) ...*
- H and P
Was the initial H and P completed during this encounter? *No ...*

Assessment:

Assessment:

- Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled - 250.00 (Primary)
- Self-reported hepatitis - U002.00
- Hypertension - 997.91
- Chronic airway obstruction, not elsewhere classified - 496

Plan:

1. Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled

Start Metformin HCl Tablet, 500 MG, tablet, Orally, BID, 90 days, KOP: No, Drug Source: Pharmacy ;
Start Pneumovax 23 Injectable, 25 MCG/0.5ML, Injection, 1 dose .

2. Hypertension

Start Lisinopril Tablet, 20 MG, 1 tablet, Orally, Once a day, 90 days, 90 Tablet ;
Start Hydrochlorothiazide Tablet, 25 MG, 1 tablet, Orally, Once a day, 90 days, 90 Tablet .
BP Check once a week X 12 weeks.

3. Chronic airway obstruction, not elsewhere classified

Start Albuterol Sulfate Nebulization Solution, 0.63 MG/3ML, 3 ml, Inhalation, TID PRN, 90 days, KOP: No, Drug Source: Pharmacy .

4. Others

Start Multivitamins Tablet, tablet, Orally, Q Day, 90 days .
Referral To:Onsite Podiatry
Reason:toe nail

Immunizations:

Therapeutic Injections:

Labs:

Procedure Codes:

Preventive:

Chronic Care:

Diabetes Mellitus Clinic

Glycemic control teaching Yes

Hypoglycemic reactions teaching Yes

Exercise teaching Yes

Diet teaching Yes

Foot care/foot wear teaching Yes

Adherence to medication teaching Yes

Medication side effects teaching Yes

Smoking cessation teaching ...

Complication/disease process teaching ...

Adaptation to the correctional environment teaching ...

Chronic Care Education Provided

Diet Yes

Exercise Yes

Smoking Cessation Yes

Medication Information Yes

Goals Of Therapy Yes

Disease Process Yes

Signs And Symptoms To Report No

Test Result ...

Adaptation To Corrections ...

PIFS ...

Follow Up: 2 Months (Reason: CCC F/U)

Provider: Corrections Provider

Patient: CAMPS, CALVIN **DOB:** 08/12/1955 **Date:** 06/23/2016



Electronically signed by Mohammed Haque COR, MD on 06/23/2016 at 04:53 PM EDT

Sign off status: Completed

PID: 483950 **Intake:** 1609110
Facility Code: CFCF **Housing Area:** ,RCVG,B22,06
Patient: CAMPS, CALVIN
DOB: 08/12/1955 **Age:** 60 Y **Sex:** Male
Phone:
Address: 1318 AUBURN ST., PHILADELPHIA, PA-19132

Provider: Vivian Gandy, MD
Date: 05/18/2016

Subjective:

1. .

HPI:

(1) Intake Non-Confidential:

Non-Confidential Intake Screening

Date of Intake Screening? 05/18/2016
 Unwilling/unable to complete intake screening? No
 Visible Injuries? No
 Physical Impairments? No
 Head trauma within the last 72 hours? No
 Do you use or require physical aids? No
 Detainee is apparently under the influence of alcohol or drugs? No
 Healthcare professional believes detainee may be a suicide risk? No
 Heat Alert Candidate? No
 General Population? Yes
 Single Cell? No
 Lower Bunk? Yes
 Lower Tier? Yes
 Lice test performed? Yes
 How lice check was done? Visual
 Lice detected? No
 Refer to midlevel practitioner or physician now? No
 Has inmate been previously diagnosed SMI? No
 Is detainee is a minor/juvenile? No
 Witness Signature MGaye RN

() Confidential Intake Questionnaire:

Confidential Intake Questionnaire

Routine Intake? Routine
 Do you have medical insurance? No
 Appearance Normal
 General Visual Observations Appropriate
 Any open sores/wounds/boils? No
 Appear sick? No
 Restricted mobility? No
 Loss of consciousness in the last 72 hours? No
 Is inmate experiencing any of the following urgent dental problems? No urgent dental problem
 Is inmate experiencing any of the following routine dental problems? No routine dental problem
 Oral hygiene status? Fair
 Exposure to tuberculosis? No
 Born in, travelled to, lived in, taken a cruise to Cancun, Cozumel or any other areas in Mexico or taken a Caribbean cruise in the last six months. Or since 1997 Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Niger or Nigeria. No
 PPD Implanted? Yes
 Location of PPD implant? Left forearm
 Have you had chicken pox? Yes
 Do you have diabetes? Yes
 Do you use insulin? No
 Do you use oral agents? Yes
 Glucometer reading 84
 Do you have asthma? No
 Do you have hypertension (high blood pressure)? Yes
 BP Reading 108/78

Do you have epilepsy (seizures)? *No*
 Do you have sickle cell? *No*
 Do you have any communicable, contagious or sexually transmitted diseases? *No*
 Do you have any Other Medical Conditions? *No*
 Do you have HIV and or AIDS? *No*
 Rapid HIV test performed? *Yes*
 Date of Rapid HIV test *05/18/2016*
 Intake Facility *CFCF*
 Rapid HIV test results are? *Preliminary negative*
 Are you being treated for hepatitis? *Yes*
 What type of hepatitis do you have? *C*
 Taking medications as prescribed by a physician? (Including those for HIV/AIDs, Diabetes, hypertension, Sickle Cell, Asthma, Epilepsy, hepatitis, etc.) *Yes (Document all stated medications in the Medical History section)*
 Have you been treated/hospitalized within the last year for any medical problem? *No*
 Are you on a diet prescribed by a doctor? *No*
 Are you currently receiving Methadone treatment? (Please complete Northeast Treatment Center form) *No*
 Detainee has history of drug abuse? *No*
 Detainee has history of alcohol abuse? *No*
 Do you use tobacco products? *No*
 Is inmate female? *No*
 Blood taken? *Yes*
 Urine for STDs taken? *Yes*
 Would you like to speak to a counselor to discuss HIV? *Yes*
 Was initial H and P completed during Intake? *Yes*
 Are you currently taking any medications prescribed for you by a physician for emotional or mental health problems? *No*
 1) Detainee is apparently under the influence of alcohol or drugs? *No*
 2) Detainee lacks support of family or friends in the community? *No*
 3) Detainee experienced a significant loss within the last six months? *No*
 4) Detainee is very worried about major problems other than legal? *No*
 5) Detainee's family or significant other attempted/committed suicide? *No*
 6) Detainee is showing signs of mental illness? *No*
 7) Detainee has a history of counseling or mental health evaluation/treatment? *No*
 8) Detainee has previous suicide attempt more than a month ago? *No*
 9) This is the detainee's first incarceration in lockup/jail? *No*
 10) Detainee shows signs of depression (crying, sadness, worrying)? *No*
 11) Detainee appears over anxious, panicked, afraid, or angry? *No*
 12) Detainee acting and/or talking in a strange manner? (cannot focus attention; hearing or seeing things that are not there) *No*
 Has inmate answered yes to 8 or more of the above 12 questions? *No*
 Detainee incoherent or showing signs of withdrawal? *No*
 Detainee expresses signs of extreme embarrassment, shame, or feelings of humiliation as a result of charge/incarceration? *No*
 Detainee is thinking about killing themselves? *No*
 Detainee is expressing feelings of hopelessness? *No*
 Are you thinking of hurting others? *No*
 1) Do you currently believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head? *No*
 2) Do you currently feel that other people know your thoughts and can read your mind? *No*
 3) Have you lost or gained as much as two pounds per week for several weeks without even trying? *No*
 4) Have you or your family or friends noticed that you are currently much more active than you usually are? *No*
 5) Do you currently feel like you have to talk or move more slowly than you usually do? *No*
 6) Have there currently been a few weeks when you felt like you were useless or sinful? *No*
 7) Have you ever been in the hospital for emotional or mental problems? *No*
 Has inmate answered yes to 2 or more of the above 7 questions? *No*
 PREA
 Is this inmate disabled? (Deaf, Dumb, Blind, Wheelchair bound or intellectually impaired) *No*
 Does this inmate seem to be any of the following? (Gay, Lesbian, Bisexual, Transgender, Intersex or

gender nonconfirming) *No*

Have you ever been incarcerated before today? *Yes*

Are you worried that you may be sexually assaulted while in PPS? *No*

History & Physical:

H and P Admission Data

Date of H&P? *05/18/2016 ...*

Date of admission? *05/18/2016 ...*

Aliases? *...*

Previous Incarcerations? *Yes*

H and P History

Do you have a family physician? *Yes*

Name of family physician *Dr. Francis Lo*

Address of family physician *3900 Woodland Ave philadelphia 215-823-5800*

Past hospitalizations (Past Surgery/Major Injuries)? *No*

Head injury with loss of consciousness? *No*

Last Tetanus? */*

Immunization? *No*

Allergies? *Place in Allergies section of Progress Note*

Current Medications? *... Metformin, Lisinopril, Aspirin, Multivitamin*

Hospitalization for Mental Health reasons? *No*

Prior Counseling/Out-Patient Treatment? *No*

Have you ever attempted suicide? *No*

Have you recently considered committing suicide? *No*

H and P Hepatitis/HIV Screen

Do you now or have you ever had hepatitis? *Yes*

Do you know what type? *C*

Do you know what hepatitis C is? *Yes*

Have you ever used a needle to give yourself drugs? *No*

Have you ever gotten a tattoo while in prison? *No*

Have you ever received an organ transplant? *No*

Have you ever received dialysis? *No*

Did you receive a blood transfusion before 1992? *No*

Do you have HIV (AIDS)? *No*

Would you like to be tested for HIV? *No*

Do you use street drugs? *No*

Smoker? *No*

Etoh? *No*

H and P Medical History

Problems with vision? *Yes*

Problems with hearing? *No*

Problems with balance/dizziness? *No*

Problems with blackouts? *No*

D.T.'s? *No*

Problems with headaches? *No*

Seizures? *No*

Nervous disorder? *No*

Problems with throat? *No*

Problems with teeth? *No*

Asthma? *No*

Hay fever? *No*

Pneumonia? *No*

Tuberculosis? *No*

Problems with heart? *No*

Hypertension? *No*

Anemia? *No*

Problems dealing with blood? *No*

Stomach pain? *No*

Heartburn? *No*

Ulcer? *No*

Problems with nausea/vomiting? *No*

Problem with gall bladder? *No*

Problem with liver? *Yes*

Hepatitis? *No*
 Diabetes? ...
 Kidney disease? *No*
 Bladder infection? *No*
 Trouble voiding? *No*
 Pediculi (Lice)? *No*
 Gonorrhea? *No*
 Syphilis? *No*
 Muscle problem? *No*
 Joint problem? *Yes*
 Arthritis? *Yes*
 Other? ...
 Regular menstrual period? ...
 Irregular menstrual period? ...
 Duration days menstrual period? ...
 LMP? /
 Gravida/Para? ...
 Last Pap? /
 Contraception? /

Medical History: Diabetes- Metformin 500mg BID, HTN- Lisinopril 20mg Daily, Aspirin EC 81mg daily
 Multivitamin, COPD- Albuterol neb tx, Chronic Back Pain.

Family History:

Social History:

Correctional Alerts:

Correctional Alerts
 Diabetes? *Diabetes*
 Start Date? *05/18/2016*
 End Date?
 Comments *Age*
 Lower Bunk? *Lower Bunk*
 Start Date? *05/18/2016*
 End Date? *06/01/2016*
 Lower Tier? *Lower Tier*
 Start Date? *05/18/2016*
 End Date? *06/01/2016*

Medications: None

Allergies: N.K.D.A.

Objective:

Vitals: Time: 0006, Temp 98.6, HR 86, RR 16, BP 108/79, Wt 128, Accucheck 84
 neg xray 1/7/16.

Past Orders:

Examination:

()General Examination:

H and P
 Was the initial H and P completed during this encounter? *Yes*
 GENERAL APPEARANCE: normal.
 HEAD: normocephalic, atraumatic.
 EYES: pupils equal, round, reactive to light and accommodation.
 EARS: normal.
 ORAL CAVITY: mucosa moist.
 THROAT: clear.
 NECK/THYROID: neck supple, full range of motion, noted.
 SKIN: warm and dry.
 HEART: S1, S2 normal.
 LUNGS: clear to auscultation bilaterally.
 ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended.

EXTREMITIES: no edema noted.
NEUROLOGIC: gait normal.
PSYCH: alert, oriented.

Assessment:

Assessment:

1. Intake Assessment - IA
 2. Routine general medical examination at health care facility - V70.0
- I/M appeared alert and orientated denies any medical/ mental health problems, denies current drugs/ alcohol abuse and Report he has diabetes and takes Metformin, HTN and take Lisinopril, Asprin, Albuterol , Multivitamin. Denies any though of hurting self or others, education provided on how to contact medical, dental., and mental health during his stay.

Plan:

1. Intake Assessment

LAB: Rapid HIV test Preliminary negative

Immunizations:

Therapeutic Injections:

Labs:

Preventive:

Patient Education Medical/Dental:

Patient Education

Patient educated to contact medical if symptoms develop or worsen yes

Written information provided no

The patient demonstrates an understanding of self care, symptoms to report and when to return for follow up care yes

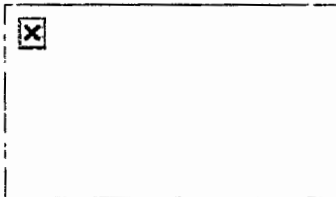
Patient informed on how to access dental care? yes

Disposition:

Disposition: No acute intervention needed

Provider: Vivian Gandy, MD

Patient: CAMPS, CALVIN **DOB:** 08/12/1955 **Date:** 05/18/2016



Electronically signed by Matu Gaye RN/COR on 05/18/2016 at 01:27 AM EDT

Sign off status: Completed

Progress Notes

PID: 483950 **Intake:** 1403551
Facility Code: CFCF **Housing Area:** ,B2POD2,07,3
Patient: CAMPS, CALVIN
DOB: 08/12/1955 **Age:** 58 Y **Sex:** Male
Phone:
Address: 1318 AUBURN ST., PHILADELPHIA, PA-19132

Provider: CMO @CFCF
Date: 07/30/2014

Subjective:

1. HCV. 2. HTN. 3. DM. 4. COPD.

HPI:

Family History:

Social History:

Medications: None

Allergies:

Objective:

Past Orders:

Examination:

() General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation, fundus normal.

ORAL CAVITY: mucosa moist.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: clear to auscultation bilaterally, no wheezes, rales, rhonchi.

ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended.

EXTREMITIES: no clubbing, cyanosis, or edema.

NEUROLOGIC: nonfocal, motor strength normal upper and lower extremities, sensory exam intact.

Assessment:

Assessment:

1. Essential hypertension, benign - 401.1 (Primary)
2. Chronic airway obstruction, not elsewhere classified - 496
3. Chronic hepatitis C without mention of hepatic coma - 070.54
4. Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled - 250.02

Plan:

1. Essential hypertension, benign Start Atrovent HFA Aerosol Solution, 17 MCG/ACT, 1 puff, Inhalation, TID, 30 days .

LAB: *Hemoglobin A1C 0102-4 LAV-EDTA (Ordered for 08/25/2014)

LAB: *DIAGNOSTIC PROFILE II 2052-9 SST & LAV (Ordered for 08/25/2014)

BP check q weekly x 4 wks; accu check qM-W-F x 4 weeks; D/C Ventolin MDI.

Immunizations:

Therapeutic Injections:

Labs:

Preventive:

Follow Up: 8/29/14

Disposition:

Disposition: Chronic Care follow up with practitioner
Notes: continue current meds as Rx

Provider: CMO @CFCF

Patient: CAMPS, CALVIN **DOB:** 08/12/1955 **Date:** 07/30/2014



Electronically signed by James Arnone COR, DO on 08/06/2014 at 11:29 AM EDT
Sign off status: Completed



ADMISSION DATA

Date 3/3/14 Social Security No. _____ Inmate I.D. No. _____
 Inmate _____ Date Booked _____
 Alias CAMPS CALVIN (M.I.) _____
Intake 1403551 PID 483950 Birthdate _____
 Previous Incarc DOB 08/12/1955 (M.I.) _____
 (Facility) _____ (Date) _____

MEDICAL HISTORY

Family Physician VA (Name) _____ (Address) _____ (City) _____ (State) _____ (Zip) _____

Past Hospitalizations (Past Surgery/Major Injuries) Specify COPD/ganglion cyst
 (Location) _____ (Address) _____ (City) _____ (State) _____ (Zip) _____

Head Injury w/Loss of Consciousness 0 Last Tetanus 2012 Immunization current

Allergies Bacitrim

Current Medications(s) see orders

Hospitalization for Mental Health Reasons (Circle One) Yes No If yes, _____ (Why) _____

Where _____ (Location) _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ When _____ (Date) _____

Prior Counseling/Out-Patient Treatment for 0

Where _____ (Location) _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ When _____ (Date) _____

Have you ever attempted suicide? 0 How _____ When _____ (Date) _____

Have you recently considered committing suicide? 0

HEPATITIS/HIV SCREEN

Do you now or have you ever had hepatitis?

If yes, do you know what type(s)

A B

Do you know what hepatitis C is?

Have you ever used a needle to give your self drugs?

Have you ever gotten a tattoo while in prison?

Have you ever received an organ transplant?

Have you ever received dialysis?

Did you receive a blood transfusion before 1992?

Do you have HIV (AIDS)

Would you like to be tested for HIV?

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Street drugs methadone (Type-Quantity) _____ (How often) _____ (How long) _____ Smoker 0 Etoh 0

Mental Health Observation

	N	A/Comment
Orientation (person, place, Time)		
General appearance (motor behavior, mannerisms)		
Affect (response to incarceration)		
Content of thought		
History of suicide		
Present thoughts of suicide		

D. Davis D.O.
 I agree to have a physical examination

Camp, P.O.
 Inmate's Signature _____ Date _____

R. Melle Green
 Interviewer's Signature _____ Date 3/3/14

CRP
 Witness (If Intake Physical Refused) _____ Date _____

**MEDICAL HISTORY AND
PHYSICAL ASSESSMENT**CAMP
Intake 1403551
DOB 08/12/1955CAL
PID 483950

(First)

(M.I.)

HISTORY

Problems	Yes	No	Problems	Yes	No
Vision			Gall Bladder		
Hearing			Liver		
Balance/Dizziness			Hepatitis		
Blackouts			Diabetes		
D.T.'s			Kidney Disease		
Headaches			Bladder Infection		
Seizures			Trouble Voiding		
Nervous Disorder			Pediculi (lice)		
Throat			Gonorrhea		
Teeth			Syphilis		
Asthma			Muscle Problem		
Hay Fever			Joint Problem		
Pneumonia			Arthritis		
Tuberculosis			Other: COPD		
Heart			Other:		
Hypertension			Regular Menstrual Period		
Anemia			Irregular Menstrual Period		
Blood			Duration Days Menstrual Period		
Stomach Pain			LMP		
Heartburn			Gravida/Para		
Ulcer			Last Pap		
Nausea/vomiting			Contraception		

EXAM

Age	37	Sex	M	Race	Black	Ht.		Wt.	
Pulse	80	BP	138/75	Temp.	97.6				
Respiration	16	N	A/Comment						
Skin	Color	Condition	Turgor	Recent injury					
Head	Glasses	Pupils	Sclera	Conjunctiva	Vision				
Ears	Appearance	Canals	Hearing						
Mouth	Teeth & Gums	Dentures/Plates	Throat	Tongue	Tonsils				
Nose									
Neck	Veins	Mobility	Thyroid	Carotids	Lymph nodes				
Chest (Breasts)	Configuration	Auscultation	Respirations	Cough/Sputum					
Heart	Auscultation	Radial pulses	Apical pulse	Rhythm					
Extremities	Pulses	Edema	Joints						
Spine									
Abdomen	Shape	Bowel sounds	Palpation	Hernia					
Genital/Urinary System	deferred								

LABORATORY TESTS

Test	Date & Time	Results
TINE/PPD	7/24/14	0 mm x 0 mm
VDRL		
SMA-12		
CBC		
U/A (Dip Stick)		

COMMENTS:

AACO referral offered
Accepted DeclinedR. Melle Green
AMP



CAMPS
Intake 1403551
DOB 08/12/1955

CALVIN
PID 483950

PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
5/28/14	CHRONIC CARE	
		PATIENT EDUCATION MATERIAL GIVEN
6/20/14	Chlorazepate 10mg po qd x 14 days to left for fit on back NCC 6/4	
	D.P.A. Pkg	CE 123456
	1. 10mg of Mucil	
	2. 10mg of Mucil	
	3. 10mg of Mucil	
	4. 10mg of Mucil	
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S. DESROSIERS, D.P.M.

Commonwealth of Pennsylvania
Court of Common Pleas
County of Philadelphia
1st Judicial District



SHORT CERTIFICATE

TRIAL DIVISION, CRIMINAL

Commonwealth of Pennsylvania
v.
Calvin Camps

Docket No: CP-51-CR-0007951-2011
PID: 0483950

SHORT CERTIFICATE

Date:

2/26/14

I hereby certify, that on

26

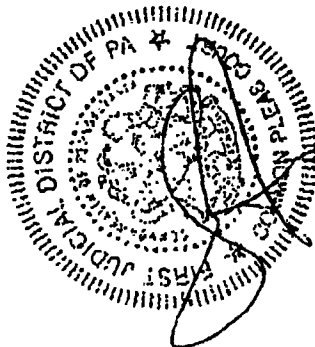
day of

February

20

14

The Honorable Diana L. Anhalt orders the above defendant be given his medications as prescribed by his doctor while in custody.



Judge Diana L. Anhalt

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www.bustletonradiology.com

Siddharth Sagreiya, MD
Philadelphia Industrial Co
8301 State Rd
Philadelphia, PA 19136

PATIENT NAME: Calvin Camps (M)
DATE OF BIRTH: 08/12/1955
PATIENT MR#: P483950
DATE OF STUDY: 10/08/2012

HISTORY: Hepatitis C; rule out cholelithiasis

ULTRASOUND LIVER & GALLBLADDER: High-resolution sonography of the liver and gallbladder was performed. There no previous studies available for comparison.

The liver is borderline prominent in size measuring 16.1 cm in sagittal dimension (top normal is 15.0 cm). Hepatic echotexture is heterogeneous, especially in the left lobe where there are scattered echogenic foci. Air in the biliary tree is not entirely excluded. Liver CT or MRI is recommended. No focal hepatic mass is detected.

The common bile duct is upper normal in caliber measuring 0.5 cm.

The gallbladder demonstrates at several mobile calculi the largest of which measures between 1 and 2 cm. A negative Murphy's sign is acknowledged.

The portal vein is of normal caliber measuring 11 mm. Normal hepatopetal flow is acknowledged.

IMPRESSION: Borderline hepatomegaly

Hepatic echotexture is heterogeneous, especially in the left hepatic lobe where several scattered hyperechoic echogenic foci are detected; liver CT or liver MRI is recommended

Cholelithiasis with negative Murphy's sign

Common bile duct upper normal caliber

These findings will be telephoned and faxed to Corizon at the above named correctional facility.

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FILE
UM done CT liver

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PATIENT NAME: Camps, Calvin
DATE OF BIRTH: 08/12/1955
PATIENT MR#: P483950
DATE OF STUDY 10/08/2012

Page 2 of 2

Thank you for your kind referral. If you have any questions, please call us.

Electronically signed by:
Anthony J. Limberakis, MD

At the request of the patient, copies of this report are being faxed to the following: N/A
None requested

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X-RAY